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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. letter	Maurice Evans to Art Thatcher re: Grievances (Personal) [partial] (2 pages)	11/20/1998	b(6)
001b. letters	re: Supporting documentation for grievances (Personal) (6 pages)	11/20/1998	b(6)

COLLECTION:
Clinton Presidential Records
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RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

COKR-
11/98 SLT
Incoming

NATIONAL INSTITUTES OF HEALTH
OFFICE OF AIDS RESEARCH

FACSIMILE TRANSMISSION

DATE: 11/23/98

TO: Sandy Thurman

PHONE: 202-456-2441

FAX: 202-456-2438

FROM: **Judith D. Auerbach, Ph.D.**
Office of AIDS Research
Office of the Director
Building 31, Room 4C06
9000 Rockville Pike
Bethesda, MD 20892
Phone: (301) 402-3555
Fax: (301) 496-4843

SUBJECT: "AIDS Orphans"

TOTAL NUMBER OF PAGES INCLUDING THIS COVER SHEET:
(If total number of pages have not been transmitted, please call (301) 402-3555)

REMARKS: Had trouble sending by e-mail.
Please call if you have any questions.

Auerbach, Judith (OD)

From: Auerbach, Judith (OD)
Sent: Monday, November 23, 1998 9:38 AM
To: 'thurman, sandra'
Cc: Wertheimer, Wendy (OD)
Subject: AIDS Orphans
Importance: High

HI Sandy,

In response to your request for information about NIH-supported activities related to "AIDS orphans," I polled the institutes and found that only the National Institute of Mental Health (NIMH) has grants in this area. NIMH currently funds three projects, which are described in the attachment below. The total commitment (i.e., the sum of these projects' FY 1998 budgets) is $2.17 million. The projects and principal investigators are located in New York City and Los Angeles.

As you know, the key U.S. figure in this area is Carol Levine, who founded the Orphan Project in New York. I'm not sure where she is now, but you might want to talk with her, as well, to see if other governmental bodies (e.g. USAID) or private foundations are doing much in this area.

Finally, the World Bank report, **Confronting AIDS**, contains some information about the global phenomenon of AIDS orphans on page 34-37 and Chapter 4. (I'm sure you've already seen this, but just in case . . .)

Please let me know if you have trouble reading this attachment, or if there is anything else you need.

ORPHANS.doc

Judy

Judith D. Auerbach
Behavioral and Social Science Coordinator, and
Prevention Science Coordinator
Office of AIDS Research
National Institutes of Health
Building 31, Room 4C06
9000 Rockville Pike
Bethesda, MD 20892
Tel: 301-402-3555
Fax: 301-496-4843
Email: auerbacj@od.nih.gov

5 R01 MH55794-04	1998	$526,099	PERMANENCY PLANNING INTERVENTION FOR FAMILIES WITH AIDS	BAUMAN, LAURIE J

An estimated 125,000 children and adolescents will be orphaned as a result of AIDS by the year 2000. The social and economic circumstances of their lives place these children at high risk of psychiatric dysfunction yet their needs have gone largely unaddressed. This study is a randomized trial designed to evaluate the effects of a short-term preventive intervention, Project Care, on psychological functioning of healthy children who will survive the death of a mother from AIDS. The death of a parent in childhood increases psychological vulnerability, particularly in combination with additional risk factors.

Project Care services children whose single mother with AIDS is receiving case management services from the Division of AIDS Services (DAS). Eligibility for DAS, a program of New York City's Human Resources Administration, includes Medicaid eligibility and advanced HIV disease. Project Care aims to reduce risk factors and increase protective factors to prevent psychological dysfunction after parental death through: (1) enhancing disclosure and communication between ill mother, designated guardian and the child; (2) enhancing stability and security of the child's future by developing an appropriate custody plan prior to parental death; (3) working with guardian and child after death to facilitate the transition to the new family; and (4) to enhance access to concrete resources and social support.

Year 01 is a pilot year needed to finalize the standardized intervention, conduct a process evaluation, and pilot research tools and procedures. In Years 02-05 we will conduct a formal outcome evaluation using an experimental design with random assignment to two groups. 200 children will be entered into a research study, and 100 will be randomized to standard care and 100 to receive standard care plus Project Care. Assessments will be conducted four times: at baseline, 4 months later and 6 and 12 months after parental death. Project Care will be evaluated four ways, which are reflected in the specific aims. We will examine the extent to which Project Care successfully:

(1) recruits and retains program subjects;
(2) delivers the program as designed;
(3) increases protective factors and prevents new risk factors; and
(4) prevents psychological disturbance in the child.

This study represents a collaboration among the Albert Einstein College of Medicine, the Medical and Health Research Association of New York City, Inc., the Family Center and the Orphan Project; the DAS provides services to a large majority of families with single mothers with AIDS who have children. In addition, Project Care has been developed over the last six months with funding with Ryan White Care Act Title I and the New York State AIDS Institute. The consortium of academic, nongovernmental and funding agencies that supports this project represents a unique combination of skills and resources.

5 R01 MH49958-07	1998	$1,180,629	GRIEF INTERVENTIONS FOR PLAS, ADOLESCENTS AND GUARDIANS	ROTHERAM-BORUS, MARY J

DESCRIPTION (Applicant's Abstract): By the year 2000, 80,000 children will be orphaned by AIDS in the U.S. (58,000 in New York City) and this number will continue to rise. Parental death during childhood has consistently been associated with negative outcomes for children; however, there have been no prospective studies of adolescent bereavement from any type of parental death, including death from AIDS. Over the last 2.5 years, 287 Parents Living with AIDS (PLAs) and their 349 adolescent children aged 12 to 18 years were recruited and randomly assigned to receive: 1) a standard care condition where extensive social welfare services are provided; or 2) an enhanced care condition that provides three modules of coping skills

intervention (Project TALC: Teens and Adults learning to Communicate) plus social services. Linked to the phases of parental illness, PLAs, their adolescents, and new custodial guardians are scheduled to individually and jointly meet over 32 sessions. Because the life span of women with AIDS extended from 14.3 months to 27 months over the last 2 years, about 2/3 of the sample of PLAs continue to live (longer than anticipated), delaying the delivery of the final intervention module. Over the next 18 months, the investigators anticipate that the PLAs will die and the final, post-death module of the intervention can be delivered. This competing renewal will allow the investigators to complete the delivery and the evaluation of the intervention. In addition, however, the proposed project aims: 1) to prospectively follow youths of PLAs longitudinally for 4 additional years to evaluate their mental health (including psychiatric disorder), behavioral, and social outcomes; 2) to compare the adjustment of youths of PLAs compared to two contrast groups of youths of the same socioeconomic status (SES) and age: 120 youths who are not bereaved and 120 youths whose parents have died of lung cancer, with an additional goal of documenting the adolescent bereavement process; 3) to complete the delivery and evaluation of the enhanced coping skills intervention, particularly of Module 3 to new custodial guardians and youths; 4) to develop, write a treatment manual, and pilot an intervention designed for fathers living with AIDS (now 27 percent of cases, formerly, 5 percent) that includes more cost-efficient strategies for implementing these interventions (e.g., peer leaders, in-home settings, telephone groups); and 5) to develop new measures of grief to describe the bereavement process over time. These results are likely to have implications for millions of AIDS orphans internationally and for the 550,000 adolescents bereaved annually by parental death.

5 R01 MH57207-02	1998	$468,835	YOUNG AIDS ORPHANS—PROSPECTIVE BEREAVEMENT	MURPHY, DEBRA A

The Centers for Disease Control (CDC) has estimated that 80,000 HIV-infected women of childbearing age who were alive in 1992 will leave approximately 125,000 to 150,000 children orphaned. Parental death from causes other than IDS has been consistently associated with poor child adjustment, long term mental health symptoms, and behavioral problems. These problems are likely to be exacerbated for children orphaned by AIDS, given the stigmatization of the disease, the frequent lack of a surviving parent, and proverty. There have been no prospective studies of child bereavement from any type of parental death, including death from AIDS. Therefore, the adjustment of 120 children age 6-11 who have a mother with AIDS (MWA) will be monitored over time; children and their MWAs will be recruited from primary health care clinics in Los Angeles (LA). The specific goals of this study are to: (1) to longitudinally follow the mental health, behavioral, and social adjustment of children of MWAs over 36 months, throughout the illness of the MWA, her death, and during the child's transition to a new guardian; (2) identify characteristics of the child that may mediate the impact of parental loss, including background factors, skills (problem solving, coping, and self-valuing), and their relationship with the MWA and later with their new guardian; and (3) evaluate characteristics of the MWA and then of the new guardian that may mediate th impact of parental loss, including background factors and parenting skills. This study will benefit both adult and child researchers. It will provide guidelines for interventions for MWAs of young children on how to parent effectively and improve family functioning while coping with multiple stressors, including physical symptoms and end-stage disease state. More importantly, findings from this study will provide a developmentally-linked description over time bereavement process for children whose parents die of other causes. Additionally, evaluation of children's long-term adjustment (mental health, behavioral, and social outcomes), will assist in detemining resiliency factors and risk factors for children who are orphaned by ADS.

FUNDERS CONCERNED ABOUT AIDS

Mobilizing Philanthropic Leadership and Resources in the Fight Against HIV/AIDS

Fred Silverman
Chair
Formerly of
Apple Computer, Inc.

Nick Bollman
Vice Chair
The James Irvine Foundation

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Richard Turner
The Elizabeth Morse Charitable Trust
Betty Wilson
The Health Foundation of Greater Indianapolis, Inc.

50 East 42nd Street
19th Floor
New York, NY 10017
Tel 212.573.5533
Fax 212.949.1672

November 24, 1998

Sandy Thurman
Director
White House Office of National AIDS Policy
808 17th Street, NW
Suite 820
Washington, DC 20006

Dear Sandy:

On behalf of Funders Concerned About AIDS (FCAA), I am pleased to send to you the White Oak meeting publication entitled, "Building Strategic Partnerships to Fight Global HIV/AIDS." This was an historic meeting which we wish you were able to attend.

FCAA is sending multiple copies of this publication to all of the White Oak attendees and original invitees as well as other key entities. We are also mailing this publication to all of the other international funders and organizations on our mail list. FCAA is asking you and all other recipients to circulate the additional copies we are sending to you to other funders and relevant interested parties. In this way, the important dialogue from White Oak can continue and expand. Feel free to call for more copies as well.

With the White Oak meeting, this publication, our work at the recent Geneva International Conference on HIV/AIDS, and other international initiatives we will undertake in 1999, FCAA is more committed than ever to mobilizing philanthropic leadership and resources on the *international* level to fight the *global* impact of HIV/AIDS. Our goals remain to foster greater funder commitment to global HIV/AIDS, assist in the examination and identification of best funding practices and investments, and advance collaborative and strategic HIV/AIDS funding globally.

We look forward to working with you to achieve these goals.

Yours sincerely,

Paul

Paul A. Di Donato, J.D.
Executive Director
Funders Concerned About AIDS

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Funders Concerned About AIDS

A Meeting Convened by FCAA on

March 12-15, 1998

White Oak Conservation Center

Kathryn Stephens
Executive Director

Building Futures
1012 14th Street #1207, Washington, DC 20005
Telephone: (202) 639-0361 Fax: (202) 639-0276
United Way/CFC #8474
EMAIL:BFUTURES@BUILDINGFUTURES.ORG

Sandy-

Thank you for helping our voices to be heard. I thought the discussion with Vice President Gore was a complete success. I'm sorry you will be unavailable for our event on December 10th but we would welcome a special visit to Sunflower House at any time!

Best Wishes, Kathryn

Building Futures: Family AIDS Housing

Please join us to celebrate the opening of

Sunflower House.

Thursday, December 10, 1998

6 p.m. - 8 p.m.

NationsBank
730 15th St., NW Penthouse Suite

Please R.S.V.P
202-639-0361 ext. 119

Brick By Brick Sponsors

NationsBank
Fannie Mae Foundation
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Florence Wood
Attorney, Hawkins, Delafield & Wood

Sharon Zalewski
Executive Director, Washington Free Clinic

BUILDING FUTURES

Volume 1, No. 2 NOVEMBER 98

Sunflower House Opens

Renovations are finally complete on Sunflower House, a 20-unit apartment building for families living with HIV/AIDS. Starting as an abandoned building, Sunflower House will soon provide safe and affordable housing to 20 families, including 40 children. Providing housing is more than just bricks and mortar; to be truly successful, we must also build community among the families and a support structure to help residents become more self-sufficient. Carol Simmons, LGSW, recently joined Building Futures as our Clinical Services Coordinator. She will work at Sunflower House to provide family-centered case management and coordinate on-site activities such as financial planning, nutritional workshops, job training and child development activities.

Sunflower House Reception December 10

On Thursday, December 10, 1998, Building Futures will host a reception at NationsBank to celebrate the opening of Sunflower House. The completion of Sunflower House would not have been possible without financial support from our partners: the U.S. Department of Housing and Urban Development (HUD); the Washington AIDS Partnership; the Fannie Mae Foundation; NationsBank and other private donors. The creative talent of our architect, Eric Colbert and Associates and the renovation and construction expertise of Edmar Construction created the structure. The dedication of the Building Futures staff and the direction of the Board of Directors made the vision became reality. Join us on Thursday, December 10th to celebrate this success. The celebration will be held at NationsBank 730 15th St. NW, the Penthouse Suite, 6:00 p.m - 8:00 p.m. Please R.S.V.P., 202-639-0361, extension 119.

Daffodil House Outings

Each month volunteers from Greater DC Cares coordinate an activity for the Daffodil Kids and other neighborhood children. Excursions have included trips to the Baltimore Aquarium and the Children's Museum, ice skating outings and visits to water parks and pumpkin patches. These outings provide valuable respite time for the mothers of Daffodil House kids and by including the neighborhood children, we demonstrate our commitment to the community as a whole.

Rental Assistance Program Breaks 100

Starting with a client base of 16 in 1994, the rental assistance program now serves more than 100 individuals and families. Participants in this program contribute 30% of their income toward their rent and Building Futures pays the balance of the fair market rent. Participants report that they are often unable to access all the supports services that they need. In response to this, Building Futures hired Yasmin Lluveras, LGSW, as a Case Management Coordinator to work with the them to increase their access to all support services including job training, mental health services and medical services. Yasmin spends nearly half of her time in the field, visiting clients in their home helping to assess their needs and to obtain necessary services

Brick By Brick Campaign

The operations of Sunflower House and the work of future development projects can not be sustained without private donations. Please join us in our efforts to meet the housing need for families living with HIV/AIDS. Become part of the ***Brick By Brick Campaign*** Buy a brick for $100. Help us build on our efforts to increase affordable housing for families living with HIV/AIDS.

Building Futures Wins Excellence In Non-Profit Management Award

Building Futures was recently recognized for its management and program administration. In May, the Washington Council of Agencies (WCA) presented Building Futures with the "Excellence in Nonprofit Management" award. This annual award contest included a review of agency records and interviews with Board of Directors and staff to access organizational and management issues. A WCA Winner's Workshop was held in July where Building Futures shared some of its best practices.

Building Futures' Family Grows

1998 has been an incredible year for Building Futures. In addition to celebrating the opening of Sunflower House, we have welcomed seven new members to Building Futures, doubling our staff size from the previous year.

Kathryn Stephens, Executive Director
Zenovial Q. Brown, Associate Director
April Jackson, Program Coordinator
Raymond E. Jones, EAP Coordinator
Dayna Freier, Project Manager
Yasmin Lluveras, Case Management Coordinator
Carol Simmons, Clinical Services Coordinator
Ella Perkins, Administrative Assistant
Keisha Shropshire, AmeriCorps Team Member

Holiday Wish List

As the holidays approach, please help us fulfill some of our families' wishes.

Cooking Utensils for Sunflower House Kitchen
VCR for Children's Playroom
Computers for Learning Center
Vacuum Cleaners
Children' Educational Toys & Books

Client's Corner

"I joined Building Futures in May of 1997. Prior to that, I worked diligently on my recovery and taking the needed steps to create a stable home for myself and my young son. Since May 1997, I have continued to place a stable home and my recovery high on my list of priorities. I recently began studying for my GED to improve my self-esteem and improve my future. I truly owe much of my success to April Jackson, Program Coordinator and the Building Futures Staff. Without their help and support, none of these things would be possible" Mr. Milton Jackson

Message From The President

Building Futures and its partners can celebrate some tremendous recent accomplishments - the opening of Sunflower house, our award for Excellence in Nonprofit Management, and the dramatic expansion of rental assistance to families and individuals. In the midst of our rushing to accomplish even more, it's important to take time to recognize the contributions of everyone who has brought us this far along our path. Building Futures' successes are rooted in our strong and capable staff, dedicated board members, generous funders and private donors, the agencies that provide services to our residents, other community partners, volunteers, the residents of our buildings, and other people we serve through our programs. I'd like to take this opportunity to thank everyone for your contributions - we couldn't have done it without you.

I'd also like to make a special mention of our outgoing Board President, Susan Newton, and thank her for her important leadership over the past four years. Susan is one of the founding board members who was instrumental in laying the groundwork for our success and leading us through the significant strategic planning that led to our rapid growth. I truly appreciate Susan's experience in real estate finance and development, organizational management skills, and her occasional crazy sense of humor. We look forward to her ongoing participation in our work.

We hope you'll join us in our celebration of everyone's contributions to Building Futures success on December 10!

Steve Seuser
President

1012 14th St., NW, Suite 1207 Washington, DC 20005 Phone: 202-639-0361 FAX: 202-639-0276

Alan F. Holmer
PRESIDENT

PhRMA

November 4, 1998

Ms. Sandra L. Thurman
Director
Office of National AIDS Policy
750 17th Street, N.W.
Washington, D.C. 20503

Dear Ms. Thurman:

Discussions on how to provide affordable health care services to Americans are taking place in boardrooms, coffee shops, doctor's offices and legislative chambers around the country. What's missing in many of these discussions is an understanding of the value medicines bring to the lives of millions of patients. The more critical question, "Do we benefit from additional prescription drug spending?" is not asked. In the enclosed report, *The Value of Pharmaceuticals,* we answer this question with examples of how medicines bring enormous value to society – for patients, for society and for the health care system.

- A recent study by the National Institutes of Health shows that the use of a clot-busting drug on stroke patients saved $4,400 per patient by reducing the need for a hospital stay, rehabilitation and nursing home care (page 3).

- Migraine sufferers are finding great relief, thanks to medicines. And, that's resulted in a big savings for employers who are saving $435 per month per treated employee due to a reduction in absenteeism and lost productivity (page 4).

- Deaths from heart disease, the number one killer of Americans, decreased more than 30 percent from 1980 - 1990. Medicines account for 50 percent of that reduction (page 6).

Our society is at a crossroads in health care. Headlines decrying the rising expenditures for prescription drugs appear next to reports of new breakthrough medicines that offer millions the hope of better health and life. We encourage you to use this brochure as a basic framework to help guide you in future health care policy discussions and to take note of what these medical miracles have brought to society over the past few decades. Today's research and development will determine tomorrow's cures.

Sincerely,

Alan F. Holmer

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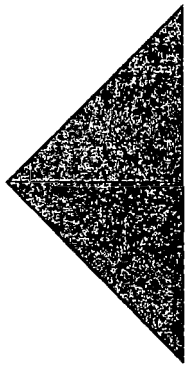
the VALUE *of* Pharmaceuticals

Americans benefit —
medically, socially and economically —
through greater use of medicines.

WHAT DOES THIS MEAN FOR HEALTH CARE?



PhRMA
PHARMACEUTICAL RESEARCH AND MANUFACTURERS OF AMERICA

November 12, 1998

QUALITY NEVER GOES OUT OF STYLE.

Sandy Thurman
Director
Office of National AIDS Policy
808 17th Street, NW, Suite 820
Washington, CA 20006

Dear Ms. Thurman:

In commemoration of World AIDS Day, the Levi Strauss Foundation (LSF) has funded a global Public Service Announcement (PSA) campaign aimed at young people and designed to promote HIV/AIDS prevention. The campaign will launch November 16th in major markets worldwide, including Bombay, Johannesburg, London, New York, Sao Paulo, Syndey and Toyko.

The PSAs feature "Condom Man" as the main character in a series of four 15-second announcements. Presenting a light-hearted approach, the series takes a humorous look at a variety of situations that convey positive messages about condom use.

Levi Strauss & Co.'s (LS&CO.) commitment to fighting HIV/AIDS began in 1982 with an informal, employee-initiated, education program. These grassroots beginnings resulted in LS&Co. being one of the first companies in the world to develop and implement a workplace policy on HIV/AIDS. Since 1982, LSF has committed more than $20 million — $3 million in the last year alone — to support AIDS related causes. Our response to the HIV/AIDS crisis grew from our commitment to social responsibility and a belief that by leveraging our global corporate resource, we could have a positive impact on fighting this devastating disease.

We wanted to share with you our most recent effort to be a positive force in fighting HIV/AIDS by reaching out to young people and promoting openness and prevention with positive messages in an entertaining way. We have enclosed a video tape of 3 of the 4 PSAs and a copy of the press release describing the campaign in more detail.

The fight against HIV/AIDS has come a long way but there is still much work to be done. LSF and LS&Co. are committed to continuing the struggle to prevent this devastating disease.

Sincerely,

Holly Carver

Holly Carver
Senior Manager, Global Public Affairs
Levi Strauss&Co.

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National AIDS Policy Office

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MAURICE EVANS
P.O. Box 606
FREDERICK, MD 21702
(301) 620-7407

November 20, 1998

Mr. Art Thacher
Health Officer
Prince George's County Health Department
Division of Program Planning and Evaluation
1701 McCormick Drive, Suite 210
Largo, Maryland 20774-5310

[0019]

Dear Mr. Thacher:

I received Ms. Joyce's letter about my grievance concerning (b)(6) (b)(6) I am very disappointed to hear of your unwillingness to take the appropriate action and terminate the contract of PWA, Inc.

It was interesting to note that Ms. Joyce stated "We do not have any evidence that her (b)(6) behavior has had a negative impact on patient services." I was her client. I am the one who filed the grievance. I would never again seek out the services of PWA, Inc. I know other clients of PWA, Inc., who feel the same way.

I also believe that based on the history of PWA, Inc., even before this incident, there is sufficient evidence that the PWA contract should have been terminated. As you are aware, in the history of PWA, Inc., the cofounder and ex-president Lloyd E. Biggus was arrested in April 1998 for sexually assaulting a little eight-year-old child, possibly infecting her with the AIDS virus. Funds were stolen during March 1998 AIDS walk in Frederick County. Claiming to help PWAs, (b)(6) solicits donations under false pretenses from drug companies. Unknowingly, even your own Health Department was used in some of these scams.

The reason why I asked for (b)(6) contract to be terminated was not only due to the past history of PWA, Inc., but also because (b)(6) on August 7, 1998 directed a racial slur toward me, her client. In addition, she applied this same racial to the members of the Metropolitan Planning Council and to members of your staff. (b)(6) was particularly emphatic when she made these same derogatories comments about your County Executive, Wayne Curry.

Do we want vendors who make derogatory comments about minorities to provide direct services to people living with HIV and AIDS?

I believe you should have sent a strong and swift message to (b)(6). The message should have been that this kind of conduct cannot be tolerated.

I am forwarding a copy of this letter and related correspondence to the Chair/President of the Metropolitan HIV Health Services Planning Council for an appeal of your decision. I also ask that Governor Parris Glendening speak with County Executive Wayne Curry about this matter.

I am still committed to helping people, including people like myself, who are living with HIV and AIDS.

Sincerely,

Maurice Evans

cc: Ms. Sandy Thurman
National AIDS Policy Director
The White House
1600 Pennsylvania Avenue
Washington, DC 20500

Governor Parris Glendening
100 State Circle
Annapolis, MD 21401

The Honorable Barbara A. Mikulski
United States Senator
60 West Street, Suite 202
Annapolis, Maryland 21401-1933

Mary Ellen Barbera
Deputy Legal Counsel
State House (Annapolis Office)
100 State Circle
Annapolis, Maryland 21401

Mary Joyce, RN
Director of Planning
Ryan White Program
Prince George's Co. Health Dept.
1701 McCormick Drive, Suite 211
Largo, Maryland 20774

Fred Johnson
The HIV Community Coalition of Metropolitan Washington DC
813 L Street, S.E.
Washington, DC 20803

Liza Solomon, M.H.S., Dr. P.H.
AIDS Administration
500 North Calvert Street, 5th Floor
Baltimore, MD 21202

Ms. Devi Ramey
Ryan White - Program Chief
Prince George's County Health Department
1701 McCormick Drive, Suite 210
Largo, Maryland 20774-5310

Ron Lewis
6th Floor, Suite 600
717 14th Street, NW
Washington, DC 20005

Sabrina Sojourner
1216 Michigan Avenue, N.E.
Washington, DC 20017

Joe Long
ES Inc.
1100 15th Street, NW, Suite 300
Washington, DC 20005

Withdrawal/Redaction Marker
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001b. letters	re: Supporting documentation for grievances (Personal) (6 pages)	11/20/1998	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19398

FOLDER TITLE:
Correspondence - SLT - Incoming - 11/98 [Folder 1] [1]

2018-0764-F
jm2086

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

AIDS activist charged with assaulting girl, 9

From Staff and Wire Reports

A Frederick AIDS activist infected with HIV has been charged with sexually assaulting a 9-year-old girl last September, authorities said Thursday.

Lloyd Eugene Biggus, 39, former president of People With AIDS Committee of Maryland, was arrested April 3.

Mr. Biggus was being held Thursday at the Frederick County Detention Center in lieu of $150,000 bail.

On May 1 his District Court bail was reduced from $300,000 to $150,000. The Frederick County State's Attorney office has requested a Circuit Court hearing to seek an increase.

On the same day his bail was reduced, Mr. Biggus was indicted by the Frederick County Grand Jury on charges of sodomy, second-degree sexual offense, unnatural and perverted practices and first-

(Continued on Page A-11)

AIDS

(Continued from Page A-1)

degree assault, authorities said.

A preliminary hearing is set for May 14 in District Court.

No hearing date has been scheduled in Circuit Court on the state's request for higher bail.

Mr. Biggus is co-founder of the People With AIDS Committee of Maryland, a Frederick-based organization that recently sponsored an AIDS walk in the city.

The girl has not been tested for HIV, the virus that causes AIDS, authorities said.

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Bail hearing set June 12 for Biggus

From Staff Reports

A June 12 hearing has been set in Frederick County Circuit Court for Lloyd Eugene Biggus, accused of sexually assaulting a 9-year-old girl while he was HIV-positive.

Prosecutors want an increased bail, according to court documents, to keep Biggus incarcerated until trial.

Biggus, former president of People with AIDS Committee of Maryland, is accused of first-degree assault, a felony that carries a potential 25-year prison term.

Biggus, 39, has a prior conviction related to a sexual offense.

On Thursday, District Court charges against Biggus were transferred to Circuit Court where jurisdiction over Biggus has been since his May 1 indictment by the grand jury.

Biggus was arrested April 3 on charges relating to a September sexual assault.

In addition to the first-degree assault, the indictment contains three charges: second-degree sexual offense, a felony that carries a maximum sentence of 20 years; and sodomy and unnatural sexual practices, both carrying maximum penalties of 10 years.

John F. Young, Ed.D.
331 East 86th Street, 3C
New York, N.Y. 10028-4701
212-828-3796

November 12, 1998

Sandra Thurman, Director
White House Office of National AIDS Policy
808 17th Street, NW
Washington, D.C. 20006

Ms. Thurman:

On October 31, 1998, the African-American Gay, Bisexual and Transgender Causcus convenved at the United States Conference on AIDS in Dallas, Texas. Our purpose was to discuss the HIV/AIDS State of Emergency that exists in the African-American community and what we must do to turn the tide against increasing HIV infection and death in our community.

Those present applauded the African-American HIV/AIDS adovcacy communities, the Congressional Black Caucus, the Congressional Leadership and the Clinton Administration for their successful collaboration in achieving the historic $156 million HIV/AIDS Initiative targeting services and agencies in the African American community.

As you know, the Centers for Disease Control and Prevention (CDC) continues to identify AIDS as the leasding cause of death in African American men between the ages of 25-44. The vast majority of those individuals are gay and bisexual. While significant progress has been made in reducing the rate of new HIV infections in the white gay community, infections among African American gay and bisexuals continue unabated. Due to homophobia in the African American community and racism in the larger society, funding to initiatives targeting African American gay and bisexual men's programs has not been well supported. This must change and we ask for your support in addressing this serious neglect.

AS the Administration implements the African American HIV/AIDS Initiative, we request that specific language targeting services and programs to African American Gay and Bisexual men be included in the implementation plans, program guidance and Request For Proosals (RFP) to determine the allocation of these critical resources.

In addition, as the Administration prepares its fiscal year 2000 budget, we strongly urge the Department of Health and Human Services (HHS) to include increased support for targeted funds to the African American community.

Most sincerely,

Dr. John F. Young

MICHIGAN STATE
UNIVERSITY

INSTITUTE FOR PUBLIC POLICY AND SOCIAL RESEARCH
321 Berkey Hall
East Lansing, Michigan 48824-1111

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MS SANDRA THURMAN
WHITE HOUSE OFFICE OF NATIONAL AIDS POLICY
736 JACKSON PLACE NW
WASHINGTON DC 20503

AUTO 20503

11th Meeting Presidential Advisory Council on AIDS
Subcommittee on Prison Issues
November 19, 1998

TO: **TODD SUMMERS**
cc: **Sandra Thurmon**
Daniel Montoya

FROM: **JEREMY LANDAU, Chair**
& Subcommittee on Prison Issues

SUBJ: NATIONAL MEETING ON PRISONS

Attached are the notes from the meeting of the Subcommittee on Prisons.

As you know, we have tentatively scheduled the National Meeting on Prisons to be held on Thursday, March 11th, 1999. Towards that end, we would like to schedule an interagency meeting on December 17th or 18th, 1998, adjacent to the Council meeting with the President to discuss the National Meeting. Relevant players at this meeting should include ONDCP, SAMHSA, CDC, HRSA, BoP/DoJ, and the Office of the Surgeon General.

We are also appreciative of your continued efforts with the Interagency meetings on Discharge Planning and continue to have concerns on this matter and seek guidance on the resolution of this critical issue.

I will be in Washington on Friday, December 4th, 1998. I would like to meet with you during that day to discuss details pursuant to these meetings. Please contact me next week to finalize this so I may be sure to keep room on my calendar. I can be reached by phone *(505-988-2537),* fax *(505-988-2492)* and e-mail: *rapanuijer@aol.com.*

COPY

11th Meeting Presidential Advisory Council on AIDS
Report of the Subcommittee on Prison Issues
November 19, 1998

- **Site Visit: Cumberland Prison, Maryland**
  Thursday afternoon, November 19, 1998

- **Committee meeting with Kathleen Hawk Sawyer** – *Still unscheduled*

- **CDC Agreement on Testing in Prisons**
  New monies for corrections outreach with a focus on Prevention & Substance Use Interventions.
  6-States & District Pilot Project.
  Identification of Pilot Projects.

- **Office of the Surgeon General**
  Kenneth Moritsugu – Newly appointed Assistant Surgeon General

- **National Meeting on Prisons**
  Tentative Date: Thursday, March 11, 1999
  Focus: *To improve the dialogue between the Federal Bureau of Prisons, the community and inmates regarding HIV/AIDS and healthcare in prison settings.*

  To provide a template for state and local prisons and jails.

  Proposed Keynote Speaker: Kathleen Hawk Sawyer

  Proposed Focus Areas
  Dialogue topics to be designed for proposed Interagency meeting in December
  - *Standards of Care*
  - *Prevention*
  - *Substance Abuse Issues*
  - *Case Management/Discharge Planning*
  - *Compassionate Release*

  Federal Partners:
  ONDCP, SAMHSA, CDC, HRSA, BoP/DoJ, and the Office of the Surgeon General

- **InterAgency Meeting on Discharge Planning**
  30 to 90 day Halfway House/Transitional Care for inmates
  30-day provision of medications maximum
  90-day usual stay in transitional setting
  No flexibility regarding take-over of medications
  Community Case Management does not cover this period

  Issues of Concern:
  - Informed Consent
  - Lack of Continuity of Care
  - Continuity of Care
  - Potential of developing treatment resistant disease

Presidential Advisory Council on AIDS
Subcommittee on Prison Issues
December 4, 1998

TO: **TODD SUMMERS**
cc: Daniel Montoya
FROM: **JEREMY LANDAU**

SUBJ: **National Meeting on Prisons - Planning Meeting**
December 17th Meeting - 9:30 -- NOON
Office of National AIDS Policy

Thanks for your time in meeting with me today.

It is my understanding that the Subcommittee on Prison Issues will meet with you on Thursday morning, December 17th, 9:30am -- NOON, at ONAP, to plan for the March 11th National Meeting on Prisons. I will draft an agenda for this meeting for your review, next week.

It is also my understanding that you will join during this meeting from 10:00am -- 11:30am to discuss this planning process and guide the agenda.

To reiterate other points:

- I will arrange thatthe key members of government we discussed are contacted to solicit input on the National meeting and provide you with feedback on these calls.

- You plan to discuss in your office, any details necessary to schedule a meeting with you of the Subcommittee on Prison Issues, to move along the agenda of the National Meeting on Prisons. A letter of invitation to meet with Kathleen Hawk Sawyers office will also be issued for this same time.

I will inform the subcommittee via e-mail, next week, of these details and I would ask that Daniel include this in travel orders to be issued for the December 17 -- 18 meetings, subject to any other time contraints which occur around the Council schedule.

The thank you letters on the prison site visit have been arranged, and a report on the site visit is forthcoming.

THE WHITE HOUSE

WASHINGTON

27 Nov 98
DATE

MEMORANDUM FOR: ONAGP -3

FROM: SUE J. SMITH
DIRECTOR, OFFICE OF AGENCY LIAISON

SUBJECT: REFERRAL OF CASEWORK IN BULK

An unprecedented number of individuals still write the President and the First Lady for help. I know that this has meant a far greater volume of mail for your agency than ever before. I appreciate your continuing cooperation in our efforts to be as responsive as possible.

The attached letters have not received a White House Staff response. I am forwarding this correspondence to your agency for any appropriate action.

Please return the original incoming letter, along with a copy of any written or telephone response, to me at the address below. I also would appreciate your sending a copy of your agency's log of the names and addresses of these individuals. Any misreferrals should be returned to my office. If you have questions you can reach me at 456-7486.

Sue J. Smith
Director, Office of Agency Liaison
Room 6, OEOB
The White House
Washington, D.C. 20502

Again, thank you for your continuing help.

DLW
Agbio

ONAPC

From nobody@www2.whitehouse.gov Tue Oct 27 12:00:00 1998
Date: Tue, 27 Oct 1998 11:57:18 -0500
From: "Omar A. Khan" <okhan@jhuccp.org>
Subject: Inbound-White_House_WWW_MAIL => PRESIDENT
Apparently-to: president@WhiteHouse.GOV
To: president@WhiteHouse.GOV
Errors-to: The Postmaster <postmaster@www2.whitehouse.gov>
Reply-to: "Omar A. Khan" <okhan@jhuccp.org>
Message-id: <199810271657.LAA11419@www2.whitehouse.gov>

[Connection Information]
CLIENT: 162.129.48.44[162.129.48.44]
BROWSER: Mozilla/3.01Gold (Win16; I)
URL: http://www.whitehouse.gov/WH/Mail/html/Mail_President.html
[Sender Information]
PERSONAL-NAME: Omar A. Khan
EMAIL-ADDRESS: okhan@jhuccp.org
ORGANIZATION: Johns Hopkins School of Public Health
RELATIONSHIP: Faculty
STREET-ADDRESS: 111 Market Place, Suite 310
CITY: Baltimore
STATE-PROVINCE: MD
ZIP-CODE: 21202
COUNTRY: USA
[Message Information]
PURPOSE: Seek assistance from the White House
TOPIC: Health Care
AFFILIATION: Professional
SUBJECT: Contact information for AIDS Policy office
[Message]
Hello,
I am looking for information on the While House Office of National AIDS Policy. I need to send some information to Sandra Thurman. regarding today's India meting.

for late time deadline

Sincere regards,
Omar A. Khan
JHU-SPH
410-659-6149
okhan@jhuccp.org

PEG
Defense/HHS

ONAPC

From nobody@www2.whitehouse.gov Wed Oct 28 14:35:52 1998
Date: Wed, 28 Oct 1998 14:32:31 -0500
From: Bill Doherty <billd219@idt.net>
Subject: Inbound-White_House_WWW_MAIL => PRESIDENT
Apparently-to: president@WhiteHouse.GOV
To: president@WhiteHouse.GOV
Errors-to: The Postmaster <postmaster@www2.whitehouse.gov>
Reply-to: Bill Doherty <billd219@idt.net>
Message-id: <199810281932.OAA05243@www2.whitehouse.gov>

[Connection Information]
CLIENT: 168.183.16.135[168.183.16.135]
BROWSER: Mozilla/4.01 [en] (Win95; I)
URL: http://www.whitehouse.gov/WH/Mail/html/Mail_President.html
[Sender Information]
PERSONAL-NAME: Bill Doherty
EMAIL-ADDRESS: billd219@idt.net
ORGANIZATION:
RELATIONSHIP:
STREET-ADDRESS: 111 Kellogg, #2115
CITY: St. Paul,
STATE-PROVINCE: MN
ZIP-CODE: 55101
COUNTRY: usa
[Message Information]
PURPOSE: Ask a specific question regarding Administration policy
TOPIC: Social Issues
AFFILIATION: Private Citizen
SUBJECT: Where did President Clinton get the $141 million to spend on AIDS research?
[Message]
I just read the following headline on THE WIRE "Clinton to
$156M to Fight AIDS". The article stated: "White House press
secretary Joe Lockhart said Clinton would announce a $156
million program of
new prevention efforts, wider access to AIDS drug treatments
and training for health professionals to
treat the disease. "
My question is: when something like this is done, where does
the money come from? Can the President allocate funds without
the Congress approving it? How can President Clinton
"announce" this money without there having to have been some
sort of bill or law passed by Congress to alloate those funds?

Thanks much,
Bill Doherty

9/16/98

Dear Mrs. Clinton,

Re: Children

Thank you for all you have done for children.

The enclosed article is so disturbing I couldn't read all of it.

Maybe you can determine how to help these children.

Thank you,

Mrs. Hazel Norton

P.S. See the President!

"Your Reign"

ORANGE COUNTY

Los Angeles Tim

SUNDAY, AUGUST 16, 1998

CIRCULATION:
1,095,007 DAILY / 1,385,373 SUNDAY

Africa's Silent Shame

Rape is spreading AIDS to young children. The trend is fueled by unscrupulous 'healers' who suggest that having sex with a virgin can cure the disease.

By DEAN E. MURPHY, TIMES STAFF WRITER

HARARE, Zimbabwe--The death notice arrived in the form of a blood test from an AIDS clinic. Ennie cried her heart out, but when the tears would come no more, she picked up the telephone.

"I was raped by my own dad when I was 16," Ennie said the morning after learning she was infected with the virus that causes AIDS. Her last name is not being disclosed to protect her privacy. "The love I had for him failed after that, and I couldn't stand seeing him. But I called him yesterday. He is very sick and couldn't talk much. He said, 'Sorry if I was the one.' "

RUTH MATAU / For The Times

A 4-year-old rape victim sits in her grandmother's house in Johannesburg.

'The girl child has no value in African society; she is a thing to be used to make men's lives better.'

Zorodzai Machekanyanga
Women and AIDS Support Network

Her father is bedridden and failing. Her mother died in April. She knows that she will be next.

An alarming growth in rapes of children, often by relatives who believe that sex with a young virgin brings mystical powers or can even cure AIDS, is devastating families across much of Africa by spreading the human immunodeficiency virus, or HIV, to otherwise sexually inactive girls.

Police and court officials, social workers and women's rights activists say sexual violence against children is becoming a significant—although mostly unspoken—contributor to the disease among the youngest generation of this AIDS-stricken continent, where new data show overall infection rates skyrocketing in the last few years.

"It is hard to find a virgin of 16 nowadays, so men are turning to babies under 10," said Mamelato Leopeng, an AIDS counselor at

Please see AIDS, A26

AIDS

Continued from A1

the Esselen Street Health Center in Johannesburg in neighboring South Africa. "They are looking for clean blood. It is all based on ignorance and a lack of education."

Confronting sexual issues is so taboo in most African cultures that rapists are frequently let off the hook—and, some say, implicitly encouraged—because few families will endure the public shame of acknowledging the abuse, even when they suspect HIV may have been transmitted.

Some Healers Prescribe Pedophilia as Cure-All

Unscrupulous practitioners of traditional herbal and spiritual medicine, which is hugely popular across Africa, are fueling the problem by prescribing pedophilia as a remedy for everything from money woes to AIDS. In some instances, poor relatives quietly tolerate the crime, allowing a daughter to go with an older man for much-needed cash or as traditional compensation for a family debt or ancestral transgression. Others demand payment from the rapist and then remain silent.

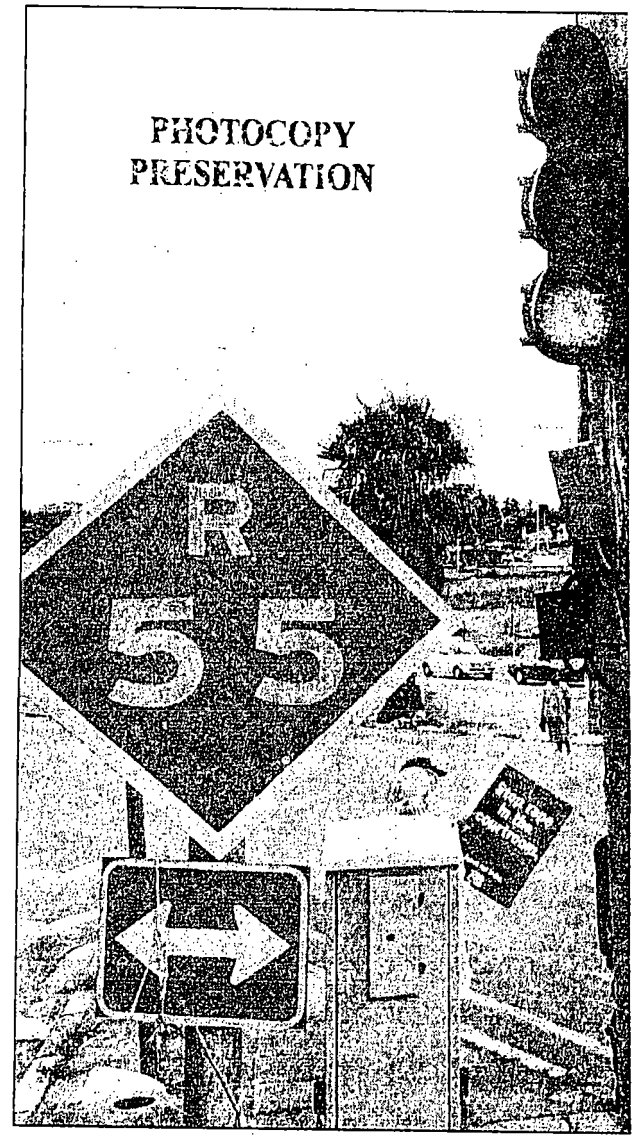
"These problems with rape and AIDS are new, but they come from a familiar source: The girl child has no value in African society; she is a thing to be used to make men's lives better," said Zorodzai Machekanyanga of the Women and AIDS Support Network, a counseling group for abused girls and women in remote regions of Zimbabwe.

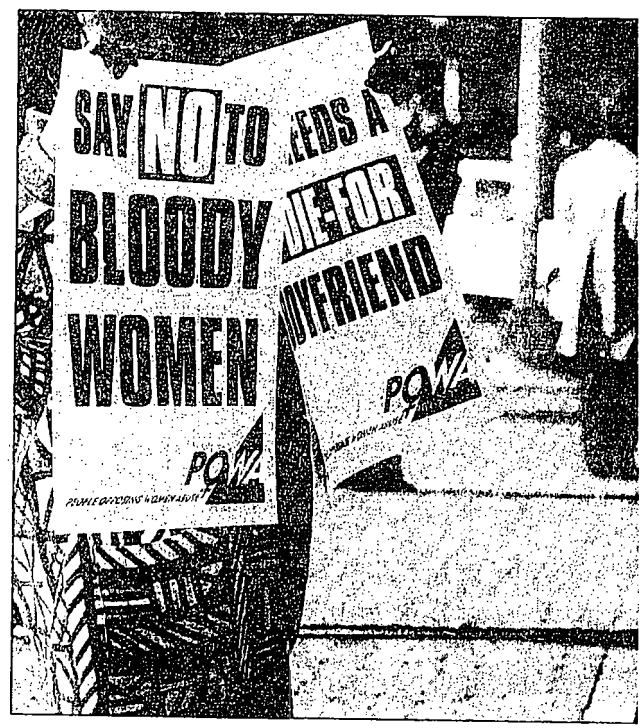
Although the increased infection among raped girls is too recent to be reflected in government health statistics—AIDS can take years to manifest itself, and large numbers of abused children never seek professional attention—some unofficial indicators already are illustrating the problem.

Health officials in South Africa say adolescent girls are twice as likely to become infected with HIV as boys, a reflection of their increased sexual activity, often unwilling, with older men. At her Johannesburg clinic, Leopeng said, about one-third of the HIV-infected men she encounters have bought into the belief that sex with a virgin will cure them, and they are further convinced that the needed "dose of purity" is rendered ineffective with a condom.

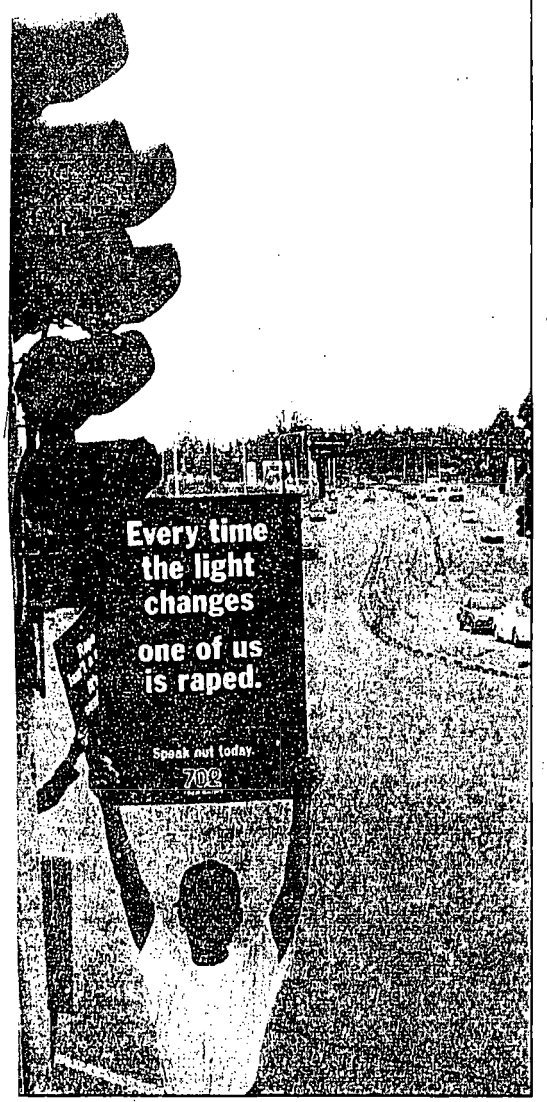
"That's what they talk about in the *shebeens* in the squatter camps," Leopeng said, referring to taverns in the country's impoverished informal settlements where she does much of her work. "If you're a guy with no education or job and no money to see a proper doctor, your friend's advice to rape a girl sounds all right."

A recent U.N. report says that about one-fifth of female AIDS cases in Zimbabwe involve girls in their teens or younger, while the equivalent number among males is one-seventh. Imbalances in infection rates among girls and boys exist in other African countries as well, in large part because of child prostitution but also, medical workers suspect, because of sexual abuse at home.





T SHAME



RUTH MATAU / For The Times

DEBBIE YAZBEK

Above, people demonstrate against child rape in Johannesburg's Alexandra township. At left, an activist outside Witwatersrand University in Johannesburg protests abuse of women.

traditional remedy did nothing to improve sales at his chain of food shops and ruined her life.

"When I said I was going to the police, my relatives said it wasn't worthwhile because he would go to jail, and since he is the breadwinner, all of us will starve to death," she said during an interview at the Musasa Project, a nonprofit women's support group in Harare where she has turned for help. "I waited two years, but I did go to the police. But by then it was too late. I waited too long. He was acquitted. They claimed it happened while he was having a bad dream."

Traditional Healers Rarely Held Accountable

Although mainstream traditional healers, known as *nyanga* and *sangoma*, say they never recommend pedophilia to patients, they acknowledge that child rape is not an uncommon prescription in some parts of Africa for everything from boosting the fall harvest to ridding a family of evil spirits.

Healers are typically highly regarded community elders and are rarely prosecuted, even for blatant offenses. Victims are reluctant to question the advice, and when they do, they are afraid the healer will place a spell on them if they go to the police.

In an unusual rape trial last year, an elderly Zimbabwean farmer publicly accused the village *nyanga* of complicity in the rape of a 13-year-old girl, who was described as a close paternal relative. The farmer admitted to the crime but claimed he was instructed to commit it to improve his crop yield. Their courtroom exchange provided a rare public glimpse into the controversial practice.

"Do I yield so much from my fields that I would advise you to sleep with your own relative?" the healer challenged the farmer in court, according to a local media account. "You have cattle to cultivate the fields, and I don't. In fact, I am poorer than you."

The farmer replied: "If I have cattle and wealth, then why did you give me your herbs and advice to sleep with my own relative? Even businessmen consult healers. Do you mean people with cattle do not consult healers?"

"Just admit you lusted for your own relative," said the healer, who was acquitted by the judge.

Frustrated by their inability to cure AIDS but seeing the disease everywhere around them, some unscrupulous traditional healers have resorted to desperate remedies that earn them large sums of money and at least make infected men "feel good," according to fellow practitioners.

Most often, the healers seize on deeply rooted superstitions about the sexual power of young girls. And since many healers are paid only if the patient feels better—even temporarily—most men who have been instructed to have sex with young girls are good for their money.

"There are the same kind of quacks in any medical system," said Dr. Neil Andersson, a South African who is schooled in both Western-style medicine and traditional African practices. "In terms of the *sangoma*, rape translates into cannibalism; you are consuming the spirit of another person, and in some societies that

Veil of Secrecy Hides Abuse

The veil of secrecy surrounding child abuse in Africa prevents most girls from even realizing they are infected until they become deathly ill, said Dr. Mark Ottenweller, Africa director for Hope Worldwide. The charitable wing of the International Church of Christ runs AIDS programs in Ivory Coast, Ghana, Nigeria, Congo, Kenya, Zimbabwe, Botswana and South Africa, he said.

"We see girls as young as 8 or 9 with HIV," Ottenweller said. "We see a lot of abuse in the rougher areas of South Africa where it is so violent. But also in the rest of Africa."

In Zambia, research conducted jointly by the government and UNICEF, the U.N. children's organization, shows that the rate of HIV infection among teenage girls is five to seven times higher than among boys of the same age. Doreen Mulenga, a health officer for UNICEF in Lusaka, Zambia's capital, said the biggest contributor to the difference is "cross-generation infection"—older men passing the virus to young girls.

Because so few people will consent to an HIV test, she said, the men usually don't know they are infecting the girls, although their main motivation in seeking a young partner is the belief that sex will be safer. The same reluctance to be tested, by both victim and perpetrator, also ensures that AIDS is virtually never raised as an issue in rape trials, she said.

Research conducted in the early 1990s in Uganda, Zambia, Tanzania, Central African Republic, the Republic of Congo, Rwanda and Burundi also has pointed to higher infection rates among young girls and men older than 30. At that time, the phenomenon leaving authorities and counseling groups with the "Sophie's Choice" of determining who the lucky few will be.

During the first three months of this year, 5,214 South African girls under 18 were reported raped, keeping pace with last year's record of 21,404. Reported rapes in Zimbabwe have increased 30% during the last five years, and more than half of the cases in 1997 involved children, a large number of them under 5.

"It sometimes seems that we do nothing but rape cases, and we see only the tip of the iceberg," said Jacqueline Pratt, acting chief magistrate of the criminal courts in Harare, Zimbabwe's capital. "We even have cases of children still in [diapers] being raped. It is society gone upside down."

With about one in four adult males infected with HIV in some parts of Africa, authorities say the growing risk for girls is a matter of simple arithmetic. Moreover, a U.N. report last year cited sexual abuse in the home as a significant factor in encouraging children to run away and thereby be exposed to the commercial sex trade and even higher risks.

"Viewed in the light of the raging AIDS pandemic, it is shattering to imagine what devastation [child rape] is having on our adults of tomorrow," Zimbabwe's deputy police commissioner, Godwin Matanga, told a police seminar on sexual violence. "This is further compounded by some members of our society . . . who in a way encourage such satanic acts by dissuading the bringing of such cases to the attention of the authorities."

Army Captain Rapes 4-Year-Old Neighbor

was largely attributed to the so-called sugar-daddy syndrome, in which teenage girls pursue relationships with well-to-do men to escape poverty.

"It is a very difficult area to address," said Joseph Foumbi, an official with UNICEF. "In some places, it could be a sugar daddy; in some places, coercive sex. There is a cultural component that is different across Africa."

Even with increased awareness of infection by sexual abuse, the overwhelming majority of the nearly 1 million African children with AIDS remains toddlers who were infected by their mothers prenatally or during breast-feeding. But clinics and hospitals from Kenya to South Africa are reporting small but increasing numbers of HIV-infected children too old to have been carrying the deadly virus since birth.

"The problem is definitely there, and it is staring us in the face," said Dr. Tiziana Aduc, a specialist in child abuse at Chris Hani-Baragwanath Hospital in Soweto, South Africa, the largest medical center in sub-Saharan Africa. "But, unfortunately, we have no way of tracing it. We are not actually checking for HIV when they are coming in. . . . And they often don't go for the testing when they are referred to a clinic."

Lucky Few Picked to Receive Drugs

While rape and child abuse are already heinous, authorities say the AIDS epidemic is imposing death sentences on traumatized victims so young they would otherwise have no reason to fear the disease. Unlike in the United States and other developed countries, drugs that prolong the lives of people with AIDS are either unavailable or too costly for most people in Africa, and many of them are never diagnosed with the disease anyway. Even when drugs are available, it is often on an experimental basis only.

In a recent case here, a 31-year-old army captain infected with HIV was convicted of raping a 4-year-old neighbor; authorities have not revealed whether the girl has contracted the virus. In April, a 38-year-old Harare man, also HIV-positive, was accused of raping his 6-year-old daughter in the bathtub; the girl later tested positive for the disease, authorities said.

In an earlier trial, also in Zimbabwe, a rapist who described himself as "King AIDS" was sentenced to life in prison for knowingly infecting an 8-year-old.

"What the accused did confirms the worst fears

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Mavis Kahwemba, right, head of the Musasa Project to a spousal abuse victim. Rape is considered a ma

many people have entertained of rape becoming the wicked weapon by which some of the men who are HIV-positive will condemn women to death," Magistrate Luke Malaba said in convicting Mereke "King AIDS" Mhone, who pleaded for leniency because he has two wives and five children who depended on his financial support. "It is murderous for a man who knows he is HIV-positive to rape."

Across Africa, the burden and guilt of sexually transmitted diseases traditionally fall upon women; in Shona, the language of most Zimbabweans, AIDS and other sexual infections are even known as *chirwere chevakadzi*—women's diseases. Leopeng, the Johannesburg AIDS counselor, says the desire to "get back at women" is the most common reaction among men when they are first told they are HIV-positive.

In extreme instances, HIV-infected men have even targeted young girls as an act of vengeance. In a case reported by South African police in May, members of a gang of unemployed men in Soweto were allegedly raping schoolgirls, telling their victims that they were HIV-infected and didn't want to die alone.

"It is all tied up in the belief among [many] African men that a man has to perform sexually until he is put down into his grave," said Mtana Lewa of Kenya's Community Based Development Agency, which conducts health education programs on the country's impoverished Indian Ocean coast. "One of the best ways to prove [his virility] is to always get someone younger. It makes him feel better about himself."

In an increasingly common tragedy, Ennie, who is now 19, said her father was instructed to rape her by a traditional healer, who promised that the assault would improve the family's troubled businesses.

The healers, sometimes known pejoratively as witch doctors, use herbal and spiritual remedies—including claims of communications with ancestors—to cure physical, psychological and social ailments.

In large parts of Africa, traditional medicine is the primary—and often only—available treatment; an estimated 70% of Zimbabweans, for example, depend on it. Anecdotal evidence of abuse has become so widespread, however, that some legitimate practitioners are beginning to speak out about the dangers of rape-based remedies, particularly when it comes to AIDS.

Ennie said her father, a respected merchant in a small town about 150 miles from here, had the support of the entire extended family, even though the

makes you stronger and more successful. But it also makes the overall society very sick."

Group Tries to Provide AIDS Education

Gordon Chavunduka, who heads the Zimbabwe National Traditional Healers Assn., said the organization has been holding workshops throughout the country to keep its 50,000 members up to date on AIDS and to dispel myths about treatment. The organization also has printed a brochure that clearly states any prescription involving sex with a child is criminal and not within the scope of accepted traditional medicine.

CIET-Africa, a private research group led by Andersson that is studying sexual violence, is trying to do much the same thing in South Africa by reminding traditional healers that they have an obligation to protect the health of an entire community, not just a few individuals desperate to be cured. Andersson said his group is trying to build in financial rewards for responsible healers so they can better resist the temptation to "cannibalize" young girls for quick profit.

But Chavunduka said that traditional healers here—and across much of the continent—are confronted with the persistent belief among the general population that the only way to avoid AIDS is to have sex with young girls. It is the same notion worldwide that has led to a tremendous growth in the child sex trade.

"We are being told over and over again that men fear having sexual relations with any woman in this society and have decided it is safer with small children," Chavunduka said. "It may not make sense, especially if the man is already infected, but that is what is happening."

The belief is so widespread that many women with young daughters are reluctant to leave them alone with their fathers or, if they are single mothers, even to invite a boyfriend to spend the afternoon. The Women and AIDS Support Network holds mother-and-daughter workshops in rural Zimbabwe to help prevent abuse by male relatives and friends, something that is requiring an extraordinary social adjustment among families.

"We come from a culture that values the extended family, and suddenly you can't trust your own brother with your daughter," said Machekanyanga of the nonprofit counseling group.

Dressed in a colorful skirt and blouse and clutching her handbag tightly, Ennie, the teenage rape victim, said her experience has left her saddened and confused. She suspects that her mother died after contracting AIDS from her father, though they never actually talked about it. She knows her father has the disease and will soon die, but until her recent telephone call, they had never talked about it either.

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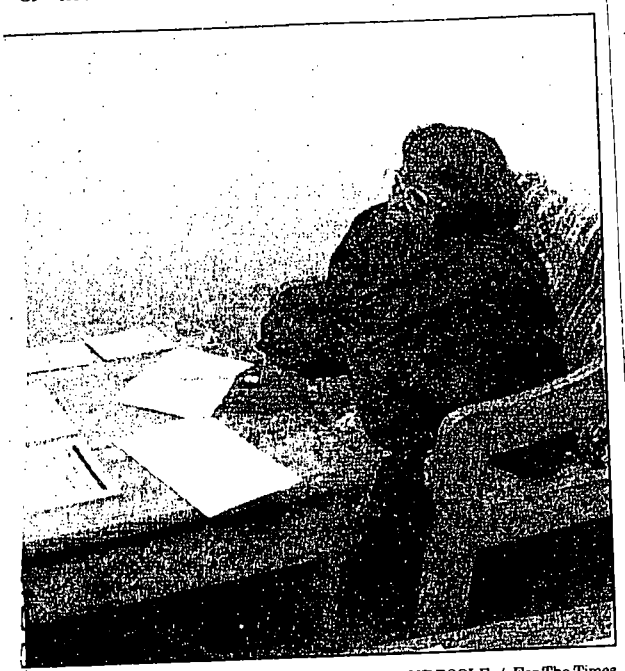

SARAH-JANE POOLE / For The Times

a women's support group in Harare, Zimbabwe, listens
r factor in the rise of HIV infection among African girls.

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She had an interview for a receptionist's job that afternoon, but she was spending most of her time going over the events of the last few years in her mind. The rape. Her father smothering her screams. The shame. A suicide attempt. The family betrayal. Even a bribe—a new pair of sneakers—to make her more accepting.

"There are things in our culture that people choose to accept and not to accept," she said in a hushed voice. "Rape is wrong. The best advice is to report it right away. That is the only way to protect people. Otherwise, the rapists will go on raping."

And, she stopped short of saying, girls will go on dying.

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